

1655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>546</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. _____
Town of _____			Local Registrar No. _____
or _____			
City of <u>Tucson</u>	No. <u>Storkes Trust</u>	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Betty Ann Tracy</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>X</u>	Legitimate? <u>Yes</u>
<u>Female</u>		5. No., in order of birth <u>X</u>	
		7. Date of birth	Month <u>Nov</u> day <u>20</u> year <u>24</u>
8. FATHER		14. MOTHER	
Full name <u>Elmer Gordon Tracy</u>		Full maiden name <u>Anna Antonia Williams</u>	
9. Residence (Usual place of abode) <u>General Delivery Tucson, Ariz.</u>		15. Residence (Usual place of abode) <u>General Delivery Tucson, Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>31</u> (Years)		17. Age at last birthday <u>30</u> (Years)	
12. Birthplace (city or place) <u>Polk County Missouri</u>		18. Birthplace (city or place) <u>St. Louis Missouri</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Stationary Engineer</u>		Nature of industry <u>Housewife</u>	
20. Number of children of the mother		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>One</u>		<u>Yes</u>	
(b) Born alive but now dead <u>None</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) at <u>10</u> a.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Dr. Chas. Peterson</u>	
Given name added from supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Tucson</u>	
Registrar. _____		Filed <u>11/25</u> 19 <u>24</u> <u>D. A. G. Schuchel</u>	
		Local Registrar.	
		County Registrar.	

234-1120-162

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